



EMS Training Institute

ST. MARY MEDICAL CENTER PRECEPTOR TRAINING PROGRAM

**“TEACHING IS THE HIGHEST
FORM OF UNDERSTANDING.”**

–ARISTOTLE

OBJECTIVES

- Identify the roles/responsibilities & legalities of the EMS preceptor and student
- Identify techniques to facilitate learning
- Recognize the qualities of a good preceptor and student, and choose the right one

OBJECTIVES

- Identify how the preceptor role integrates and interacts with the EMS education program
- Discuss feedback, coaching, benchmark competencies, and domains of learning
- Provide objective assessment of student performance in the knowledge, psychomotor and affective domains

INTERNSHIP GOALS

1. Assist student to apply pre-hospital care concepts in the field
2. Share special skills & insights
3. Meet program goal and objectives

INTERNSHIP GOALS

1. Assist student to apply pre-hospital care concepts in the field

- BLS assessment
- New additions to assessment
 - More comprehensive knowledge base
 - More intricate systems analysis
- ALS treatment plan

INTERNSHIP GOALS

2. *Preceptor Shares Special Skills*

- Organization
- Prioritizing
- Delivery
- Calmness
- Communication

INTERNSHIP GOALS

3. *Assists in Meeting Program Goals and Objectives*

- “Student will perform an assessment to the standard of an entry-level advanced EMT”
- “Student will deliver patient care to the standard of an entry-level advanced EMT”
- “Student will be the team leader for 10 ALS patients”
- “Student will perform one (1) new ALS skill”

INTERNSHIP GOALS

“Student will perform one (1) new ALS skill”

- New “skill” for AEMT student from EMT-BA
 - *NTG for chest pain*
 - *IV dextrose 50%*
 - *IM glucagon*
 - *Inhaled albuterol nebulizer*
 - *1:1000 epinephrine IM or subcutaneous*
 - *Narcan*
 - *Nitrous oxide*

*Student
Goals,
Roles,
& Responsibilities*

***Take 5 minutes to list what you
feel the student should be
responsible for***

STUDENT ROLES & RESPONSIBILITIES

1. Daily skills tracking
2. Complete clinical documentation
3. Be present during entire rotation

STUDENT ROLES & RESPONSIBILITIES

- 4. Abide by facility and program clinical P& P
- 5. Perform at appropriate skill/knowledge level
- 6. Be prepared

STUDENT ROLES & RESPONSIBILITIES

7. Arrive on time

8. Be willing to learn

9. Be receptive to constructive criticism

**“It is what we think we know
already that often prevents us
from learning.”**

--Claude Bernard

PROGRAM RESPONSIBILITIES

***Take 5 minutes to list what you feel
SMMC EMS Training Institute
should be responsible for***

PROGRAM RESPONSIBILITIES

1. Maintain training and education current with minimum standards set forth by IDHS, NHTSA, and National Education Standards
2. Provide qualified staff for training & education
3. Strive for quality and excellence in education

PROGRAM RESPONSIBILITIES

4. Make available the tools needed for student success
5. Coordinate scheduling of clinicals
6. Be available to support the student or preceptor, as needed

PROGRAM RESPONSIBILITIES

7. Instruct preceptors on proper precepting procedures
8. Instruct students on proper precepting procedures
9. Improving patient care through training and education

***"Information cannot
replace education."***

PRECEPTOR ROLES & RESPONSIBILITIES

Take 5 minutes to list what you believe are your most important roles and responsibilities as a preceptor

PRECEPTOR ROLES & RESPONSIBILITIES

- Knowledge within the preceptors field of practice
 - Current AHA guidelines
 - Current SMMC protocol relating to AEMT

PRECEPTOR ROLES & RESPONSIBILITIES

- Knowledge of the student's scope of practice
 - Current progression through class
 - Skills competency

KNOWLEDGE OF THE STUDENT'S SCOPE OF PRACTICE

- Two field clinical phases
 - In class
 - July 27th – August 13th
 - Five ALS patient contacts
 - Post course
 - August 15th-September 30th
 - Five ALS patient contacts
 - One new ALS skill

PRECEPTOR ROLES & RESPONSIBILITIES

- Knowledge of student goals in ALS Internship:
 - Successful assessment/team lead 10
 - Successful new medication administration 1
- ***Should a student have had 10 ALS patient contacts, and administered the one new medication, and the preceptor does not feel said student is functioning as an entry-level AEMT, the preceptor must document accordingly, and the student will be required to ride until proficiency has been demonstrated***

PRECEPTOR ROLES & RESPONSIBILITIES

- Be present at ALL times during skill performance---**LEGALITIES!!!**
- Identify learning experiences for students
 - Teachable moments
 - Constructive criticism
- Explain clinical techniques as opportunities arise

PRECEPTOR ROLES & RESPONSIBILITIES

- Orientate to site, crew, equipment
- Allow student to assume Paramedic role in decision making, as appropriate
- Actively stimulate critical thinking by use of questions/answers
 - Open-ended questions
 - “Why...”
 - “What if...”

PRECEPTOR ROLES & RESPONSIBILITIES

- Guide student to assess the whole patient
(Physical as well as emotional)
- Provide **PERTINENT** feedback after each contact
- Identify the student's current placement in the clinical/field component

PRECEPTOR ROLES & RESPONSIBILITIES

- Discuss relationship of EMS profession to medical direction
- Allow student to be accountable for their own actions and judgments
(So long as no one's safety is at risk)

PRECEPTOR ROLES & RESPONSIBILITIES

- Use effective counseling techniques
- Support program course content
- Maintain an environment free of harassment and discrimination = Safe

PRECEPTOR ROLES & RESPONSIBILITIES

- Establish standard of care
- Provide safe environment:
 - Equipment
 - Personnel
 - Scene
 - Learning environment



(Short Break)

- Professional growth and development



- Personal growth and development

A FEW THOUGHTS....

*What makes a “poor”
preceptor?*



--Take 5 minutes to jot down your thoughts

A FEW THOUGHTS....



*What makes an excellent
preceptor?*

PRECEPTOR GOALS

- Coach the student from observer to team leader
- Communicate student's progress with instructors
- Promote teamwork
- Use non-patient care time for skills & demos, as needed

PRECEPTOR GOALS

- Confront issues as they arise
- Promote confidence
- Empower students
- Complete a summative evaluation
- Evaluate student at end of each shift on provided clinical form

PRECEPTOR CHARACTERISTICS

- Possess good communication skills
- Establish a climate that is conducive to learning
- Share practical steps in patient care
- Provide positive & correctional feedback, when necessary
- Listens to the student
- Knowledgeable in medicine

A FEW THOUGHTS....

*What do you
want to
accomplish as
a preceptor?*



PRECEPTOR ROLES & RESPONSIBILITIES

Mentor: *A wise and trusted counselor or teacher.*

PRECEPTOR ROLES & RESPONSIBILITIES

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

~John Quincy Adams

Preceptors have the right to expect a minimum set of standards from the training institutions.



Preceptors have the right to expect a minimum set of standards from students.

ST. MARY MEDICAL CENTER

EMS TRAINING INSTITUTE

PRECEPTOR REQUIREMENTS

PRECEPTOR REQUIREMENTS

- ✗ Professionalism and integrity
- ✗ Current Indiana EMS certification
- ✗ Current compliance with system guidelines
- ✗ Preceptor Application on file with EMS Office
- ✗ Letter of intent from preceptor
- ✗ Recommendation letter from EMS supervisor

PRECEPTOR REQUIREMENTS

- ✗ Past and current performance of patient care consistent with protocol
- ✗ Demonstrated the ability to confidently and independently deal with the breadth of EMS practice
- ✗ Shown the capacity to lead other EMS personnel in patient care
- ✗ Approval of EMS Manager, Clinical Coordinator, and/or Medical Director

IDEAL EXTRAS.....

- ✗ Minimum of 2 years experience in area of field training
- ✗ Capabilities of providing objective evaluations
- ✗ Capabilities of providing constructive, corrective measures and positive feedback

LEGAL ISSUES



LEGAL ISSUES

- ✗ Safety
- ✗ Standard of care
- ✗ Scope of practice
- ✗ Student skill performance **MUST** be supervised

LEGAL ISSUES

- ✗ Professionalism
- ✗ Integrity
- ✗ High moral and ethical standards
- ✗ Maintain **PROFESSIONAL** relationship

ADULT LEARNING CHARACTERISTICS

PEDAGOGY

- ✘ The learner is dependent upon the instructor for all learning
- ✘ The teacher/instructor assumes full responsibility for what is taught and how it is learned
- ✘ The teacher/instructor evaluates learning

ANDRAGOGY

- ✘ The learner is self-directed
- ✘ The learner is responsible for his/her own learning
- ✘ Self-evaluation is characteristic of this approach

ADULT LEARNERS

PEDAGOGY

- ✗ The learner comes to the activity with little experience that could be tapped as a resource for learning
- ✗ The experience of the instructor is most influential

ANDRAGOGY

- ✗ The learner brings a greater volume and quality of experience
- ✗ Adults are a rich resource for one another
- ✗ Different experiences assure diversity in groups of adults
- ✗ Experience becomes the source of self-identify

ADULT LEARNERS

PEDAGOGY

- ✗ Students are told what they have to learn in order to advance to the next level of mastery

ANDRAGOGY

- ✗ Any change is likely to trigger a readiness to learn
- ✗ The need to know in order to perform more effectively in some aspect of one's life is important
- ✗ Ability to assess gaps between where one is now and where one wants and needs to be

ADULT LEARNERS

PEDAGOGY

- ✗ External motivation:

competition for grades and the consequences of failure

ANDRAGOGY

- ✗ Internal motivation:

self- esteem,
recognition, better
quality of life, self-
confidence, self-
actualization

ADULT LEARNERS

MASLOW'S HEIRARCHY OF NEEDS



MASLOW'S HEIRARCHY OF NEEDS

✕ Physiologic Needs

- + Sleep
- + Food
- + Water

MASLOW'S HEIRARCHY OF NEEDS

✖ Safety Needs

- + Personal safety
- + Financial security
- + Health and well-being

MASLOW'S HEIRARCHY OF NEEDS

✕ Social Needs

- + Friendship
- + Family
- + Support System

MASLOW'S HEIRARCHY OF NEEDS

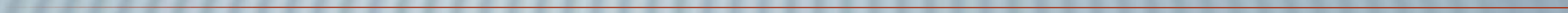
✗ Esteem Needs

- + Attention
- + Recognition
- + Competence
- + Self-confidence

✗ Self-Actualization

- + Realizing one's full potential

DOMAINS OF LEARNING



LEARNING DOMAINS

- ✖ Cognitive

- ✖ Affective

- ✖ Psychomotor

COGNITIVE DOMAIN

- ✗ Knowledge comprehension

- ✗ Evaluation methods:

 - + Quizzes

 - + Scenarios

 - + Explanations

AFFECTIVE DOMAIN

- ✗ Behavioral learning
- ✗ Evaluation methods:
 - + Explanations
 - + Demonstrations
 - + Observation

PSYCHOMOTOR DOMAIN

- ✗ Skills learned
- ✗ Evaluation methods:
 - + Explanation
 - + Skill demonstration
 - + Skill proficiency

STUDENT OBJECTIVES

- Ability to formulate and provide appropriate treatment strategies at their level of training
- Ability to provide clear direction & leadership for other rescuers on the scene

TYPES OF LEARNERS

LEARNING STYLES

✕ Visual

✕ Auditory

✕ Kinesthetic

VISUAL LEARNERS

✗ Learn best by:

+ Reading

+ Seeing

✗ Videos

✗ Diagrams

✗ Demonstration

+ Mental visualization

AUDITORY LEARNERS

✖ Learn best by:

- + Listening to lecture

- + Listening to audio recordings

- + Active discussions

KINESTHETIC LEARNERS

✕ Learn best by:

+ Moving

+ Performing

+ Hands on practice

LEARNING STYLES

- ✗ Which one are you?
- ✗ How can you identify how your student learns?
- ✗ How does this affect your instructional approach?

PRECEPTING: GUIDING AND SUPERVISING YOUR STUDENT

STUDENT OBJECTIVES

What do we want and expect our students to be capable of?



--Take five minutes to jot down your thoughts...

FROM THE BEGINNING.....

AT THE BEGINNING OF THE SHIFT...

- Review with the student how much field and clinical time they have completed & what phase they are currently studying.
- Find out the student's perceptions of their own strength & weakness

AT THE BEGINNING OF THE SHIFT...

- Find out any issues or concerns the student may have and try to discuss and focus on these areas
- Relay your expectations of the student
- ***Disappointment, frustration, and anger are often born out of unmet expectations!!***

WHAT TO LOOK FOR ON CALLS...

STUDENT OBJECTIVES

- Ability to communicate clearly with patients
- Ability to manage the scene efficiently
- Ability to complete a thorough patient assessment
- Ability to identify a patient's chief complaint

STUDENT OBJECTIVES

- During the actual patient assessment:
 - Allow the student to complete their assessment before intervening to ask questions the student failed to cover
 - Do not let the student do harm or create unsafe situation
 - Remember that the patient is an audience to the process
 - Take mental notes about what they did right and how they could improve their assessments

POST CALL REVIEW AND DISCUSSION...

POST-CALL EVALUATION

- Be positive but honest
- Note weaknesses in skill competencies
- Remain as objective as possible
- ***Remember, there are often multiple ways to successfully complete a task- **YOUR** way may not be the only acceptable method***

STUDENT PCR

- Ensure the chief complaint, patient history, assessment, treatment & outcomes are properly documented
- Documentation of pertinent positives & negatives is key to developing critical thinking skills

STUDENT PCR

- Documentation of any variances or unusual aspects of the run will help to reinforce learning
- *Is it legible?*
- *Does it make sense?*
- *Is it accurate?*
- Is the spelling and grammar correct?

HOW TO HELP YOUR STUDENT IMPROVE

HOW TO HELP.....

- ✗ Where are they having deficiencies?
- ✗ What do they NOT understand?
- ✗ What type of learner are they?
- ✗ How can the material be presented differently?

HOW TO HELP.....

- ✗ Consider Maslow- on which level are they having an issue?
 - + Too tired to remember?
 - + Too scared/nervous to be assertive?
- ✗ All base levels need met before advancement and progression can occur
- ✗ How can you help with their needs?

“DIFFICULT” STUDENTS

"Problem" student

- + May be rude, distracting
- + Slows progress of other students
- + May have strong opinions
- + Potentially stressful and challenging

Difficult learner

- + No recent relative experience
- + Poor reading and/or speaking skills
- + Language barriers
- + May lack self-confidence

“Know-it-All”

- + May be disruptive
- + May have strong opinions
- + May challenge your authority and instruction
- + All age groups

The *QUIET* student

- ✗ May have difficulties with patient assessment
- ✗ May be nervous, shy or unsure
- ✗ May lack self-confidence
- ✗ Very common at the beginning of clinicals

The A P A T H E T I C one

- ✗ May not be assertive
- ✗ May not cooperate
- ✗ May not perform properly
- ✗ Attempt to determine root cause

PROBLEM SOLVING....

- ✗ Talk with your student
- ✗ Notify EMS office
- ✗ If serious issue, contact your supervisor and the EMS office immediately
- ✗ Maintain professionalism

EVALUATION TECHNIQUES

EVALUATION TECHNIQUES

- ✗ Informal review and discussion
- ✗ Verbal quizzing
- ✗ Scenarios
- ✗ On-call performance
- ✗ Formal documentation

PAPERWORK AND DOCUMENTATION

STUDENT PAPERWORK

- ✗ Daily Clinical form
 - + Front- summative assessment
- ✗ Field clinical patient assessment master form
- ✗ Field clinical skill tracking master form
- ✗ Your service's PCR
- ✗ FISDAP

STUDENT PAPERWORK

- ✗ Preceptor Evaluation
- ✗ Students will evaluate you as a preceptor

PRECEPTOR PAPERWORK

- ✗ Daily Clinical form
 - + Front- summative assessment
 - + Back- affective and leadership assessments
- ✗ Field clinical patient assessment master form
- ✗ Field clinical skill tracking master form
- ✗ FISDAP audits

PRECEPTOR PAPERWORK

- ✗ Student improvement plan, if required
- ✗ Final student evaluation for ALS competency
 - + A summative, complete review and “sign-off” of the student’s skills competencies

INCIDENT REPORTS

- ✘ Should a significant incident occur, EMS office and your supervisor must be notified immediately
- ✘ Complete your service's incident report, copy to EMS office and student file
- ✘ Examples: any injury to student, staff or patient, violation of conduct policy, violation of SMMS EMS policy, etc

ALL IN A DAY'S WORK.....

**A teacher is one who makes
himself progressively
unnecessary.**

~Thomas Carruthers



One class at a time, One patient at a time

Changing our lives, Changing the lives of others

THANK YOU!!!!